

EXHIBIT BW



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Memorandum

Date AUG 4 1997
 From June Gibbs Brown
 Inspector General *June G. Brown*
 Subject Medicaid Pharmacy - Actual Acquisition Cost of Generic Prescription Drug Products
 (A-06-97-00011)
 To Bruce C. Vladeck
 Administrator
 Health Care Financing Administration

Attached are two copies of our final report on the consolidated results of our review of pharmacy acquisition cost for generic drugs reimbursed under the Medicaid prescription drug program. The report is in response to a request from your Medicaid Bureau that the Office of Inspector General (OIG) document the size of the difference between average wholesale price (AWP) and actual invoice prices paid by retail pharmacies to purchase drugs. Most States use AWP, minus a percentage discount which varies by State, as a basis for reimbursing pharmacies for drug prescriptions. Therefore, the objective of our review was to develop a nationwide estimate of the discount below AWP at which pharmacies purchase generic drugs. Estimates were also developed for the discount below AWP at which pharmacies purchase brand name drugs and those results were summarized and issued in a separate report.

We estimated that pharmacies pay an average of 42.5 percent less than AWP for drugs sold to Medicaid beneficiaries. This estimate combined the results for four categories of pharmacies, rural-chain, rural-independent, urban-chain, and urban-independent, and excluded the results obtained from non-traditional pharmacies. Through use of statistical sampling, we obtained pricing information from 314 pharmacies in 11 States and obtained 9,075 invoice prices for generic drug products. Unlike brand name drugs, where reimbursement is predominantly based on a discounted AWP, reimbursement of generic drugs is limited by Federal upper limit amounts that are established by the Health Care Financing Administration (HCFA). Taking the upper limits into consideration, we calculate that as much as \$145.5 million could have been saved in Calendar Years 1994 and 1995 for 200 generic drugs with the greatest amount of Medicaid reimbursement in each year, if reimbursement had been based on the findings of this report.

We are recommending that HCFA work to ensure that States reimburse the ingredient portion of Medicaid drugs in a manner more consistent with the findings of this report. Additionally, we are recommending that HCFA study any of the other factors (for example, dispensing fees) which they believe could significantly impact pharmacy reimbursement.

Exhibit No.	<i>allcott-158</i>
Date	<i>5/4/02</i>
Jomarina DeRosa, CSR	

HHD014-0443

Page 2 - Bruce C. Vladeck

We remain available to assist HCFA in implementing these recommendations. The HCFA Administrator responded to our draft report in a memorandum dated July 7, 1997. In that memorandum, HCFA agreed with the findings and recommendations of this report.

We would appreciate your views and the status of any further action taken or contemplated on our recommendations within the next 60 days. If you have any questions, please contact me or have your staff contact George M. Reeb, Assistant Inspector General for Health Care Financing Audits, at (410) 786-7104.

To facilitate identification, please refer to Common Identification Number A-06-97-00011 in all correspondence relating to this report.

Attachments

Department of Health and Human Services
OFFICE OF
INSPECTOR GENERAL

**MEDICAID PHARMACY - ACTUAL
ACQUISITION COST OF GENERIC
PRESCRIPTION DRUG PRODUCTS**



JUNE GIBBS BROWN
Inspector General

AUGUST 1997
A-06-97-00011

SUMMARY

At the request of the Health Care Financing Administration (HCFA), the Office of Inspector General (OIG) conducted a nationwide review of pharmacy acquisition cost for generic drugs reimbursed under the Medicaid prescription drug program. Since most States reimburse pharmacies for Medicaid prescriptions using a formula which discounts the average wholesale price (AWP), the objective of our review was to develop a nationwide estimate of the discount below AWP at which pharmacies purchase generic drugs. Estimates for brand name drugs were also developed and those results were reported in a separate report.

To accomplish our objective, we selected a random sample of 11 States from a universe of 48 States and the District of Columbia. Arizona was excluded from the universe of States because the Medicaid drug program is a demonstration project using prepaid capitation financing and Tennessee was excluded because of a waiver received to implement a statewide managed care program for Medicaid. The sample States were California, Delaware, District of Columbia, Florida, Maryland, Missouri, Montana, Nebraska, New Jersey, North Carolina, and Virginia. We obtained pricing information from 314 pharmacies. Specifically, we obtained 9,075 invoice prices for generic drugs.

We estimated that, on average, actual acquisition cost of generic drugs was 42.5 percent below AWP. Unlike brand name drugs, where reimbursement is predominantly based on a discounted AWP, reimbursement of generic drugs can be limited by Federal upper limit amounts that are established by HCFA. Taking the upper limits into consideration, we calculated a savings of as much as \$145.5 million in Calendar Years (CY) 1994 and 1995 for 200 generic drugs with the greatest amount of Medicaid reimbursement in each year, if reimbursement had been based on the findings of this report.

For the 11 States, we selected a sample of Medicaid pharmacy providers and obtained invoices of their drug purchases. The pharmacies were selected from each of five categories--rural-chain, rural-independent, urban-chain, urban-independent, and non-traditional pharmacies (nursing home pharmacies, hospital pharmacies, etc.). We excluded the non-traditional category from our overall estimates. We believed such pharmacies purchase drugs at substantially greater discounts than retail pharmacies, and including them would have inflated our percentages.

We compared each invoice drug price to AWP for that drug and calculated the percentage, if any, by which the invoice price was discounted below AWP. We then projected those differences to the universe of pharmacies in each category for each State and calculated an overall estimate for each State. Additionally, we projected the results from each State to estimate the nationwide difference between invoice price and AWP for each category.

We are recommending that HCFA work to ensure that States reimburse the ingredient portion of Medicaid drugs in a manner more consistent with the findings of this report. Additionally, we

are recommending that HCFA study any of the other factors (for example, dispensing fees) which they believe could significantly impact pharmacy reimbursement. We remain available to assist HCFA in implementing these recommendations.

The HCFA Administrator responded to our draft report in a memorandum dated July 7, 1997. The HCFA concurred with the findings and recommendations of this report. The HCFA hoped that this report would provide the necessary impetus for States to restructure their payment methodology for outpatient drugs. The full text of HCFA's comments is included in Appendix 3.

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INTRODUCTION

At HCFA's request, the OIG, Office of Audit Services (OAS) conducted a nationwide review of pharmacy acquisition cost for drugs reimbursed under the Medicaid prescription drug program. The objective of our review was to develop a nationwide estimate of the difference between actual acquisition cost of drugs by the retail pharmacy and AWP for generic drugs."

BACKGROUND

Medicaid regulations provide for the reimbursement of drugs using two methods. If a drug is a multiple source (generic) drug, then reimbursement is based on the lower of the pharmacist's usual and customary charge to the general public or a Federal upper limit amount plus a dispensing fee. The Federal upper limit amounts are established by HCFA. If a drug is a single source (brand name) drug, or a generic drug for which an upper limit amount has not been established, then the reimbursement is the lower of the pharmacist's usual and customary charge to the general public or the estimated acquisition costs (EAC) plus a reasonable dispensing fee. The State agencies are responsible for determining the EAC and the dispensing fee.

The EAC for most States is calculated by using AWP for a drug less a discount percentage. The AWP is the price assigned to the drug by its manufacturer and is listed in either the **Red Book**, **Medispan** or the **Blue Book**--publications universally used in the pharmaceutical industry. Prior to 1984, most States used 100 percent of AWP for reimbursement of acquisition cost. However, the OIG issued a report in 1984 which stated that, on average, pharmacies purchased drugs for 15.9 percent below AWP. In 1989, the OIG issued a follow-up report which concluded that pharmacies were purchasing drugs at discounts of 15.5 percent below AWP. Both the 1984 and 1989 reports combined brand name and generic drugs in calculating the percentage discounts and included a comparison of 3,469 and 4,723 purchases, respectively.

In 1989, HCFA issued a revision to the State Medicaid Manual which pointed out that a preponderance of evidence demonstrated that AWP overstated prices that pharmacies actually paid for drugs by as much as 10 to 20 percent. The Manual issuance further provided that, absent valid documentation to the contrary, it would not be acceptable for a State to make reimbursements using AWP without a significant discount.

In November 1990, the Omnibus Budget Reconciliation Act of 1990 was passed which placed a 4-year moratorium on changes to States' reimbursement policies. The moratorium expired on December 31, 1994 and HCFA requested that we, once again, determine the difference between AWP and actual pharmacy acquisition cost.

An article in the June 10, 1996 issue of **Barron's** entitled, "*Hooked on Drugs*," focused additional attention on AWP and its relationship to actual acquisition cost. **Barron's** compared

about 300 dose forms of the top 20 Medicare drugs and concluded that the true cost was 10 to 20 percent below AWP for brand name drugs and 60 to 85 percent below AWP for generic drugs. Barron's also reported that industry insiders joke that AWP really means "Ain't What's Paid".

SCOPE

Our review was performed in accordance with generally accepted government auditing standards. The objective of our review was to develop a nationwide estimate of the difference between the actual invoice prices of generic prescription drugs to Medicaid pharmacy providers and AWP. Our objective did not require that we identify or review any internal control systems.

Our review was limited to ingredient acquisition costs and did not address other areas such as: the effect of Medicaid business as a contribution to other store sales; the cost to provide professional services other than dispensing a prescription such as therapeutic interventions, patient education, and physician consultation; and the cost of dispensing which includes costs for computers, multipart labels, containers, technical staff, transaction fees, Medicaid specific administrative costs, and general overhead.

To accomplish our objective, we designed a multistage sampling procedure (a detailed description of our sample design is included as **Appendix 1** to this report). State Medicaid agencies were designated as the primary units and Medicaid pharmacy providers as the secondary units. We selected a random sample of 11 States from a universe of 49 States including the District of Columbia. Arizona was excluded from the universe of States because the Medicaid drug program is a demonstration project using prepaid capitation financing and Tennessee was excluded because of a waiver received to implement a managed care program for Medicaid. The States selected were California, Delaware, District of Columbia, Florida, Maryland, Missouri, Montana, Nebraska, New Jersey, North Carolina and Virginia.

We obtained a listing of all Medicaid pharmacy providers from each sample State. The State Agencies were responsible for classifying each pharmacy as a chain, independent or non-traditional. For purposes of this review, a chain was defined as four or more pharmacies with common ownership. We determined whether each pharmacy was rural or urban by comparing the county location for each pharmacy to a December 31, 1992 listing of the metropolitan areas and their components. We selected a stratified random sample of 60 pharmacies from each State with 12 pharmacies selected from each of 5 strata--urban-chain, rural-chain, urban-independent, rural-independent, and non-traditional (nursing home pharmacies, hospital pharmacies, home IV, etc.) If a stratum had a universe of less than 12, we selected 100 percent of the pharmacies in that stratum. We included the non-traditional category so as to be able to exclude those pharmacies from our estimates. We believed that such pharmacies are able to purchase drugs at substantially greater discounts than a retail pharmacy and would inflate our estimate.

We requested, from each pharmacy selected, the largest invoice from each different source of supply for a specified month in CY 1994. We identified the sources of supply as wholesalers, chain warehouse distribution centers, and direct manufacturer purchases. Each pharmacy was initially assigned a month from January through September in order to provide a cross section of this 9-month time period. However, we permitted some pharmacies to provide invoices from October, November or December as invoices were not available from the earlier period.

We reviewed every line item on the invoices supplied by the sample pharmacies to ensure that invoices contained the information necessary for our review. We eliminated over-the-counter items. Some invoices did not include National Drug Codes (NDC), which was needed to obtain AWP for the drug. We attempted to obtain NDCs in those instances. We used the **1994 Red Book**, a nationally recognized reference for drug product and pricing information, to obtain NDCs or identify over-the-counter items. One prominent wholesaler, whose invoices contained that wholesaler's item numbers rather than NDCs, provided us with a listing that converted their item numbers to NDCs. If we were unable to identify the NDC for a drug, we eliminated the line item.

We obtained a listing from HCFA that indicated whether a drug is a brand name or generic drug. We used that listing to identify the generic drugs on the invoices. If a drug was not on the HCFA listing, we used the **Red Book** to determine whether the drug was a generic drug. We also obtained from HCFA a listing of the top 200 generic drugs in terms of the amount reimbursed by Medicaid for CY 1994 and for CY 1995. The listing also included the total units reimbursed for those drugs.

The State of Missouri provided us with a pricing file for the purpose of obtaining AWP for each drug. We compared the invoice drug price to AWP for each drug and calculated the percentage, if any, by which the invoice price was discounted below AWP. If a drug from an invoice was not on the pricing file, we eliminated that drug.

We involved State agency officials in planning the methodology for this review. A meeting was held in Richmond, Virginia, with HCFA officials and Medicaid pharmacy representatives from the sample States to collaboratively design our approach. A second meeting was also held in Richmond, Virginia involving HCFA officials and pharmacy representatives from the sample States to present the results of our review and discuss how best to present these results to the States.

We used OAS statistical software to calculate all estimates as well as to generate all random numbers. We obtained the total number of pharmacies in the universe and State reimbursement information from the September 1994 issue of **Pharmaceutical Benefits Under State Medical Assistance Programs**. We did not independently verify any information obtained from third

party sources. Our review was conducted by the staff of the OAS Field Office in Little Rock, Arkansas with assistance from staff in our OAS Field Offices in Baton Rouge, Louisiana, Austin, Texas, and Oklahoma City, Oklahoma from September 1994 to September 1995.

FINDINGS AND RECOMMENDATIONS

We estimated that pharmacies pay an average of 42.5 percent less than AWP for drugs sold to Medicaid beneficiaries. The estimate combined all pharmacy categories except non-traditional pharmacies and was based on the comparison of AWP for 9,075 invoice prices received from 314 pharmacies in the 11 State sample. The standard error for this estimate was .90 percent.

The estimates by individual categories for generic drugs are summarized in the following table:

Category	Point Estimate	Standard Error	Sample Pharmacies	Prices Compared
Rural-Chain	47.5	1.63	73	2,963
Rural-Independent	47.4	.93	78	1,798
Urban-Chain	37.6	2.82	72	2,634
Urban-Independent	46.7	2.44	91	1,680
Non-Traditional	57.7	1.98	59	1,262
Overall (Exc. Non-Trad.)	42.5	.90	314	9,075

While the estimate of the discount below AWP of invoice price for generic drugs is significant, this difference is mitigated by Federal upper limit amounts for generic drugs. Reimbursement for the ingredient cost, or EAC, of generic drugs is limited to the upper limit amounts established by HCFA. The upper limit amounts are based on 150 percent of AWP for the lowest priced generic equivalent. However, every generic drug does not have an upper limit established and in those cases, reimbursement of EAC is the same as reimbursement of EAC for brand name drugs. The EAC for brand name drugs is predominantly based on a discounted AWP, with 10 percent being the most common discount. Therefore, reimbursement of generic drugs which do not have upper limits is greatly in excess of the actual cost of the drug.

In order to assess the significance of the difference between what pharmacists pay for generic drugs and what Medicaid reimburses for those drugs, we calculated the difference for the 200 generic drugs with the most Medicaid reimbursement in CY 1994 and for the 200 with the most Medicaid reimbursement in CY 1995. For 187 drugs with upper limit amounts, we multiplied Medicaid utilization by the difference between the upper limit (what Medicaid pays for EAC)

and AWP discounted by 42.5 percent (pharmacy cost per our review). For 213 drugs without upper limits, we multiplied Medicaid utilization by AWP discounted by the difference between 42.5 percent and the most commonly used discount of 10 percent. We used the AWP for each drug that was in effect January 1, 1994 and January 1, 1995, respectively. We also used the upper limit amount that was in effect January 1, 1994 or January 1, 1995.

The difference between what Medicaid reimburses for ingredient cost and our estimate of what pharmacies actually pay was \$145.5 million for the 2-year period. The majority, \$132.7 million, of the difference was attributable to the 213 drugs without upper limits established. Reimbursement for 112 of the 187 drugs with upper limits was \$37.3 million more than the estimated cost and reimbursement for the remaining 75 drugs was \$24.5 million less than estimated cost. The following table details the results of our calculations:

	1994	1995	1994 & 1995	Difference between Reimbursement and Acq. Cost *	Total Reimbursement by Medicaid
Drugs without upper limits	116	97	213	\$132,656	\$414,408
Drugs with upper limits greater than cost	54	58	112	\$37,304	\$153,725
Drugs with upper limits less than cost	30	45	75	\$(24,495)	\$90,977
Totals	200	200	400	\$145,465	\$659,110

* - Amounts in thousands

CONCLUSIONS AND RECOMMENDATIONS

Based on our review, we have determined that there is a significant difference between pharmacy acquisition cost and AWP. We have also calculated that changing reimbursement policy consistent with the findings of our report could have resulted in savings of as much as \$145.5 million in CY 1994 and CY 1995 for the 200 most reimbursed drugs in each year. We recognize that these calculations do not incorporate all the complexities of pharmacy reimbursement and that acquisition cost is just one factor in pharmacy reimbursement policy. We believe that any change to that policy should also consider the other factors discussed in the Scope section of our report. However, we also believe that the results of this report are significant enough to warrant a review of pharmacy reimbursement policy.

Therefore, we recommend that HCFA work to ensure that States reimburse the ingredient portion of Medicaid drugs in a manner more consistent with the findings of this report. Additionally, we recommend that HCFA study any of the other factors which they believe could significantly impact pharmacy reimbursement.

HCFA'S COMMENTS

The HCFA Administrator responded to our draft report in a memorandum dated July 7, 1997. The HCFA concurred with the findings and recommendations of this report. The HCFA hoped that this report would provide the necessary impetus for States to restructure their payment methodology for outpatient drugs. The full text of HCFA's comments is included in Appendix 3.

APPENDICES

APPENDIX I
PAGE 1 OF 2

SAMPLE DESCRIPTION

Sample Objectives:

Develop a nationwide estimate of the extent of the discount below average wholesale prices (AWP) of actual invoice prices to Medicaid pharmacies for generic drugs.

Population:

The primary sampling population was all States providing coverage of prescription drugs as an optional service under Section 1905 (a) (12) of the Social Security Act. Section 1903 (a) of the Act provides for Federal financial participation (FFP) in State expenditures for prescription drugs.

Sampling Frame:

The primary sampling frame was a listing of all States participating in the Medicaid prescription drug program except for Arizona and Tennessee. Arizona was excluded because the Medicaid drug program is a demonstration project using prepaid capitation financing and Tennessee was excluded because of a waiver received to implement a managed care program for Medicaid.

Sample Design:

A multistage sample was designed with States as the primary sample units and Medicaid pharmacy providers within those States as the secondary sample units. A simple random sample of States was selected for the primary sample and a stratified random sample of pharmacies was selected for the secondary sample. A sample of 12 pharmacies was selected from each of 5 strata. The 5 strata of pharmacies were rural-chain, rural-independent, urban-chain, urban-independent, and non-traditional (nursing home pharmacies, hospital pharmacies, home IV, etc.). Each pharmacy was assigned a month from 1994 for which to provide invoices. All pharmacies were initially assigned a month from January through September in a method designed to provide a cross section of the 9-month period. However, some pharmacies were permitted to submit invoices from October, November or December as invoices were not available for the month originally

APPENDIX 1
PAGE 2 OF 2

assigned. The largest invoice from each of four different sources of supply was requested. The sources of supply were identified as wholesalers, chain warehouse distribution centers, and direct manufacturer purchases. All invoice prices were compared to AWP.

Sample Size:

Eleven States were selected for review from our primary sampling frame. Twelve pharmacies were selected from each stratum of our secondary sample frame. A maximum of 60 pharmacies was selected from each State. Some States did not have 12 pharmacies in all strata or have every strata.

Source of Random Numbers:

OAS statistical sampling software was used to generate the random numbers.

Characteristics to be Measured:

From our review of the pharmacy invoices we calculated the percentage of the discount below AWP of actual invoice prices for all drugs on the invoices submitted.

Treatment of Missing Sample Items:

No spare was substituted for a pharmacy that did not respond to our request or did not provide usable information. If a pharmacy stratum had 12 or fewer pharmacies, we reviewed all of the pharmacies in that stratum. If a pharmacy did not send an invoice for a particular type of supplier, we assumed that the pharmacy did not purchase drugs from that type of supplier during the month assigned to the pharmacy.

Estimation Methodology:

We used OAS statistical software for multistage variable sampling to project the percentage difference between actual invoice prices and AWP for each stratum, as well as an overall percent difference.

Other Evidence:

We obtained AWP from First DataBank.

APPENDIX 2

**NATIONWIDE SAMPLE RESULTS
GENERIC NAME DRUGS**

	NATIONWIDE SAMPLE SIZE	NUMBER OF PHARMACIES	NUMBER OF DRUGS REVIEWED	AVERAGE SALE PRICE	AVERAGE GROSS PRICE	AVERAGE MARKUP IN PERCENTAGE	
						EXCLUDING NON-TRAD	INCLUDING NON-TRAD
RURAL-CHAIN	1,095	73	2,963	47.51	1.63	44.82	50.20
RURAL-INDEPENDENT	1,499	78	1,798	47.38	0.93	45.85	48.92
URBAN-CHAIN	8,194	72	2,634	37.61	2.82	32.97	42.26
URBAN-INDEPENDENT	6,242	91	1,680	46.72	2.44	42.70	50.73
NON-TRADITIONAL	2,026	59	1,262	57.70	1.98	54.43	60.96
OVERALL (EXCL. NON-TRAD)	17,030	314	9,075	42.45	0.90	40.97	43.93



DEPARTMENT OF HEALTH & HUMAN SERVICES

APPENDIX 3
(PAGE 1 OF 2)

Health Care Financing Administration

The Administrator
Washington, D.C. 20201

JUL 7 1997

DATE:

TO: June Gibbs Brown
Inspector General

FROM: Bruce C. Vladeck
Administrator

A handwritten signature in dark ink, appearing to read "B. Vladeck", is written over the printed name of the sender.

SUBJECT: Office of Inspector General (OIG) Draft Report: "Medicaid Pharmacy--
Actual Acquisition Cost of Generic Prescription Drug Products,"
(A-06-97-00011)

We reviewed the above-referenced report concerning the pharmacy acquisition cost for generic drugs reimbursed under the Medicaid prescription drug program.

Our detailed comments are attached for your consideration. Thank you for the opportunity to review and comment on this report.

Attachment

HHD014-0459

Health Care Financing Administration (HCFA) Comments on
Office of Inspector General (OIG) Draft Report Entitled:
"Medicaid Pharmacy--Actual Acquisition Cost of Generic Prescription Drug Products,"
(A-06-97-00011)

OIG Recommendation

HCFA should work to ensure that states reimburse the ingredient portion of Medicaid drugs in a manner more consistent with the findings of this report. Additionally, HCFA should study any of the other factors it believes could significantly impact pharmacy reimbursement.

HCFA Response

We concur. The findings shown in the report confirm the belief shared by many states that the pharmacy's actual generic drug acquisition costs are much less than the prices paid by many states to the pharmacies. An increasing number of state outpatient drug programs are changing the basis for reimbursing ingredient costs from the average wholesale price to the lower of the wholesaler acquisition cost, the usual and customary charge, or the estimated acquisition cost, in order to be closer to the actual price paid by the pharmacy to acquire the drug. This report provides a monetary incentive for states to reassess their drug reimbursement methodology as they look for ways to stretch their operating budgets.

The report also recommends that HCFA study other factors that affect drug costs such as dispensing fees. Regional office personnel who function as drug rebate coordinators polled the states in their regions in both 1995 and 1996 to ascertain whether states are considering lowering the dispensing fee. Their findings indicate that states are beginning to consider reducing their dispensing fees only when the need for additional savings becomes critical. However, based on the number of states that are changing to capitated reimbursement arrangements, we believe the lowering of state dispensing fees is becoming less important.

We believe the findings in this report are significant and warrant the attention of all state Medicaid agencies. We intend to share this report with all state Medicaid agencies and hope this report will provide the necessary impetus for states to restructure their payment methodology for outpatient drugs.

EXHIBIT BX

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06/12/95

DATE	TYPE	NDC	DESCRIPTION	IND	QTY	PRICE
04/25/94	W	00075135001	HP ACTHAR GEL 80 USP 5 ML	N	5.00	32.22
04/25/94	W	00517040125	ATROPINE SULFATE .4MG 1ML VIAL	N	25.00	5.35
04/25/94	W	00472001699	AUROTO OTIC SOLUTION	N	15.00	1.35
04/25/94	W	51079060520	CEPHALEXIN 500 MG	N	100.00	19.45
04/25/94	W	00081019892	CORTISPORIN OTIC SUSPENSION (POLYMYXIN B	I	10.00	14.42
04/25/94	W	00054817425	DEXAMETHA 1.0MG TAB 1C	N	100.00	18.99
04/25/94	W	00007365021	DIAZIDE	I	100.00	33.22
04/25/94	W	00548201600	EPINEPHRINE INJECTION USP 1:10,000	N	25.00	32.16
04/25/94	W	00517560125	HYDROXYZINE HCL 50MG 1ML VIAL	N	25.00	5.61
04/25/94	W	00009005604	MEDROL 4 MG CT	I	21.00	9.31
04/25/94	W	00641149535	PROMETHAZINE HYDROCHLORIDE INJECTION USP	N	25.00	9.39
T T T						T
						INVOICE TOTAL 181.47 ✓

03/31/94	M	00074158603	5% SODIUM CHL INJ	N	500.00 12.00	15.06
03/31/94	M	00074797408	GLYCINE 3000ML	N	3000.00 4.00	34.21
03/31/94	M	00074797307	WATER 2000ML FLEX	N	2000.00 6.00	32.03
03/31/94	M	00074797208	SOD CHL IRRG FLEX	N	3000.00 4.00	26.72
03/31/94	M	00074798437	SODIUM CHL 0.9% INJ LIFECARE 100MLFILL	N	80.00	135.31
03/31/94	M	00074798302	0.9% SOD CHL LC	N	150.00 24.00	17.27
03/31/94	M	00074798309	0.9% SOD CHL LC	N	1.00 12.00	14.26
03/31/94	M	00074798509	0.45% SOD CHL LC	N	1.00 12.00	15.25
03/31/94	M	00074792609	5% DEX-1/2 SOD LC	N	1.00 12.00	17.08
03/31/94	M	00074790209	DEX SOD 20MEQ KCL	N	1.00 12.00	22.67
03/31/94	M	00074794109	5% DEX .9% SOD LC	N	1.00 12.00	17.40
03/31/94	M	00074792209	5% DEXTROSE LC	N	1.00 12.00	16.01
03/31/94	M	00074792202	5% DEXTROSE LC	N	1.00 24.00	17.84
03/31/94	M	00074792909	5% DEX AND LRS LC	N	1.00 12.00	19.22
03/31/94	M	00074795309	LACTATED RINGERS	N	1.00 12.00	17.48
03/31/94	M	00074796509	NORMOSOL-M DEX LC	N	1.00 12.00	26.28
03/31/94	M	00074159002	STERILE WATER INJ	N	250.00 12.00	11.94
03/31/94	M	00074793132	LIDOCN 0.4% 250ML	N	250.00 12.00	94.14
T T T						T
						INVOICE TOTAL 550.17 ✓
						PHARMACY TOTAL 731.64 ✓

T- Traced to invoice and each ID number, date, invoice type, drug name and quantity was correct unless changed. 6-14-95 CBS

✓ - Verified math accuracy of invoice total and amounts agreed.
4 6-14-95 CBS
6-15-95 CBS

Enclosure C

Confidential

Pharmacy Information Form

Pharmacy Name: Box Bulk General Hospital

Address: 2101 Box Bulk Ave

Alliance, Ne 69301

Phone Number: (308) 762- 3327

Contact Person: Sue Boile, R.R.

Type of Pharmacy (Check Appropriate Block(s))

Independent Retail Pharmacy ☐

Chain (four or more stores) Pharmacy ☐

Other:

Nursing Home Pharmacy ☐

Hospital Outpatient Pharmacy ☐

Home I.V. Pharmacy ☐

Mail Order Pharmacy ☐

County Public Health Unit Pharmacy ☐

Public Health Entity ☐

Inpatient Hospital Pharmacy X



ABF

COLO

Add a "0" to
all NDC's

B

5 H033194 HOSPITAL PRODUCTS DIVISION

ABBOTT LABORATORIES

DUPLICATE

PAGE 1

THANK YOU FOR YOUR ORDER

FARMERS BRANCH TX 75244

INVOICE DATE INVOI

03/31/94 643

CUSTOMER NO.

1475042

S
O
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D
T
OBOX BUTTE GEN HOSP/PHCY
OWEN HLTHCR 4704/BX 810
2101 BOX BUTTE AVENUE
ALLIANCE NE 69301

NET 30

PLEASE USE YOUR CUSTOMER
NUMBER WHEN REORDERING

REFERENCE NO.

74782852-01A

ISSUE DATE

03/31/94

SHIP LOC.

AUC

S
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T
O

CUSTOMER NO.

14750426

CLASS

M026

DEA REG. NO.

AB7062146

TERRITORY

MBU03

BOX BUTTE GEN HOSP/PHCY
OWEN HLTHCR 4704/BX 810
2101 BOX BUTTE AVENUE
ALLIANCE NE 69301

ITEMS CODED # SUBJECT TO DRUG ABUSE CONTROL

LINE	LOCATION	QUANTITY	SIZE DESC.	NDC/NHRC LIST SIZE	INV. SIZE	PRODUCT DESCRIPTION	SP. CD.	CONTRACT DEAL NO.	TAX	UNIT PRICE	M	EXTENSION
1		1	12/500	0074- 1586-03	03	5% SODIUM CHL INJ		F295173265BE		15.060		15.06
			C 1	84511DM								
2		2	4/3000	0074- 7974-08	08	GLYCINE 3000ML		F295173265BE		34.210		68.42
			C 2	86023JT								
3		1	6/2000	0074- 7973-07	07	WATER 2000ML FLEX		F295173265BE		32.030		32.03
			C 1	82611JT								
4		2	4/3000	0074- 7972-08	08	SOD CHL IRRG FLEX		F295173265BE		26.720		53.44
			C 2	85248JT								
5		1	CS/80	0074- 7984-37	37	0.9% SODCHL 100ML		F295173265BE		135.310		135.31
			C 1	86908JT								
6		1	24/250	0074- 7983-02	62	0.9% SOD CHL LC		F295173265BE		17.270		17.27
			C 1	86930JT								
7		1	12/1M	0074- 7983-09	39	0.9% SOD CHL LC		F295173265BE		14.260		14.26
			C 1	85290JT								
8		1	12/1M	0074- 7985-09	39	0.45% SOD CHL LC		F295173265BE		15.250		15.25
			C 1	86002JT								
9		2	12/1M	0074- 7926-09	39	5% DEX-1/2 SOD LC		F295173265BE		17.080		34.16
			C 2	86988JT								
10		1	12/1M	0074- 7902-09	39	DEX SOD 20MEQ KCL		F295173265BE		22.670		22.67
			C 1	86974JT								
11		1	12/1M	0074- 7941-09	39	5% DEX .9% SOD LC		F295173265BE		17.400		17.40
			C 1	85291JT								
12		1	12/1M	0074- 7922-09	39	5% DEXTROSE LC		F295173265BE		16.010		16.01
			C 1	85309JT								
13		1	24/250	0074- 7922-02	62	5% DEXTROSE LC		F295173265BE		17.840		17.84

ies, of North Chicago, Illinois, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded
of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act, of 1910, as amended, or within the meaning
ate or municipal law in which the definitions of adulteration and misbranding are substantially the same as those
al Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles
provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, be introduced into interstate
ies certifies that the products covered by this invoice have been produced in compliance with the applicable
Standards Act of 1938, as amended, and regulations issued thereunder.

PLEASE REMIT
PAYMENT TO:

1022

ABBOTT LABORATORIES

P.O. BOX 92679

CHICAGO, IL 60675-2679



PRINTED ON RECYCLED PAPER

HHD015-1497


ABBOTT LABORATORIES

Health Care World Wide
 COLORADO WHOLESALE LICENSE NO. W-35 H033194
 FEDERAL I.D. NO. 36-069-8440

THANK YOU FOR YOUR ORDER

HOSPITAL PRODUCTS DIVISION
 ABBOTT LABORATORIES

DUPLICATE

PAGE 1

FARMERS BRANCH TX 75244

INVOICE DATE	INVOICE NUMBER	T.C.	TERMS	PURCHASE ORDER NO.	ORD. LOC.	ORDER DATE	M. C.
03/31/94	64301715	04	1% 15 DAYS NET 30	033194	DAL	03/31/94	1B

CUSTOMER NO.	CLASS	DEA REG. NO.	PLEASE USE YOUR CUSTOMER NUMBER WHEN REORDERING	CUSTOMER NO.	CLASS	DEA REG. NO.	TERRITORY
14750426	M026	AB7062146		14750426	M026	AB7062146	MBU03

SOLD TO

BOX BUTTE GEN HOSP/PHCY
 OWEN HLTHCR 4704/BX 810
 2101 BOX BUTTE AVENUE
 ALLIANCE NE 69301

REFERENCE NO.

74782852-01A

ISSUE DATE

03/31/94

SHIPLOC.

AUC

SHIP TO

BOX BUTTE GEN HOSP/PHCY
 OWEN HLTHCR 4704/BX 810
 2101 BOX BUTTE AVENUE
 ALLIANCE NE 69301

ITEMS CODED # SUBJECT TO DRUG ABUSE CONTROL

LINE	LOCATION	QUANTITY	SIZE DESC.	NDC/NHRC LIST SIZE	INV. SIZE	PRODUCT DESCRIPTION	SP. CD.	CONTRACT DEAL NO.	TAX	UNIT PRICE	M	EXTENSION
1		1	12/500 C 1	0074- 1586-03 84511DM	03	5% SODIUM CHL INJ		F295173265BE		15.060		15.06
2		2	4/3000 C 2	0074- 7974-08 86023JT	08	GLYCINE 3000ML		F295173265BE		34.210		68.42
3		1	6/2000 C 1	0074- 7973-07 82611JT	07	WATER 2000ML FLEX		F295173265BE		32.030		32.03
4		2	4/3000 C 2	0074- 7972-08 85248JT	08	SOD CHL IRRG FLEX		F295173265BE		26.720		53.44
5		1	CS/80 C 1	0074- 7984-37 86908JT	37	0.9% SODCHL 100ML		F295173265BE		135.310		135.31
6		1	24/250 C 1	0074- 7983-02 86930JT	62	0.9% SOD CHL LC		F295173265BE		17.270		17.27
7		1	12/1M C 1	0074- 7983-09 85290JT	39	0.9% SOD CHL LC		F295173265BE		14.260		14.26
8		1	12/1M C 1	0074- 7985-09 86002JT	39	0.45% SOD CHL LC		F295173265BE		15.250		15.25
9		2	12/1M C 2	0074- 7926-09 86988JT	39	5% DEX-1/2 SOD LC		F295173265BE		17.080		34.16
10		1	12/1M C 1	0074- 7902-09 86974JT	39	DEX SOD 20MEQ KCL		F295173265BE		22.670		22.67
11		1	12/1M C 1	0074- 7941-09 85291JT	39	5% DEX .9% SOD LC		F295173265BE		17.400		17.40
12		1	12/1M C 1	0074- 7922-09 85309JT	39	5% DEXTROSE LC		F295173265BE		16.010		16.01
13		1	24/250	0074- 7922-02	62	5% DEXTROSE LC		F295173265BE		17.840		17.84

Abbott Laboratories, of North Chicago, Illinois, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded under the Federal Food, Drug and Cosmetic Act, or the Insecticide Act, of 1910, as amended, or within the meaning of any state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those of the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles which, in violation of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, are introduced into interstate commerce. This certificate certifies that the products covered by this invoice have been produced in compliance with the applicable Standards Act of 1938, as amended, and regulations issued thereunder.

PLEASE REMIT
 PAYMENT TO:

1122C

ABBOTT LABORATORIES
 P.O. BOX 92679

CHICAGO, IL 60675-2679



PRINTED ON RECYCLED PAPER

HHD015-1498


ABBOTT LABORATORIES

Health Care World Wide
 COLORADO WHOLESALE LICENSE NO. W-35 H033194
 FEDERAL I.D. NO. 36-069-8440

HOSPITAL PRODUCTS DIVISION
ABBOTT LABORATORIES
DUPLICATE

PAGE 2

THANK YOU FOR YOUR ORDER
FARMERS BRANCH TX 75244
END

INVOICE DATE 03/31/94	INVOICE NUMBER 64301715	T.C. 04	TERMS 1% 15 DAYS NET 30	PURCHASE ORDER NO. 033194	ORD. LOC. DAL	ORDER DATE 03/31/94	M.C. 1B
CUSTOMER NO. 14750426	CLASS M026	DEA REG. NO. AB7062146	PLEASE USE YOUR CUSTOMER NUMBER WHEN REORDERING 74782852-01A REFERENCE NO. 03/31/94 ISSUE DATE AUC SHIP LOC.	CUSTOMER NO. 14750426	CLASS M026	DEA REG. NO. AB7062146	TERRITORY MBU03
BOX BUTTE GEN HOSP/PHCY OWEN HLTHCR 4704/BX 810 2101 BOX BUTTE AVENUE ALLIANCE NE 69301				BOX BUTTE GEN HOSP/PHCY OWEN HLTHCR 4704/BX 810 2101 BOX BUTTE AVENUE ALLIANCE NE 69301			

ITEMS CODED # SUBJECT TO DRUG ABUSE CONTROL

LINE	LOCATION	QUANTITY	SIZE DESC.	NDC/NHRC LIST SIZE	INV. SIZE	PRODUCT DESCRIPTION	SP. CD.	CONTRACT DEAL NO.	TAX	UNIT PRICE	M	EXTENSION
14		2	C 12/1M	86015JT 0074- 7929-09	39	5% DEX AND LRS LC		F295173265BE		19.22C		38.44
15		2	C 12/1M	86009JT 0074- 7953-09	39	LACTATED RINGERS		F295173265BE		17.48C		34.96
16		1	C 12/1M	85294JT 0074- 7965-09	39	NORMOSOL-M DEX LC		F295173265BE		26.28C		26.28
17		2	C 12/250	83929FW 0074- 1590-02	02	STERILE WATER INJ		F295173265BE		11.94C		23.88
18		1	C 3/40	84528DM 0074- 4612-04	04	EXTENT CONNECT		F295173265BE		120.35C		120.35
19		1	C 2/60	83257H1 0074- 5396-02	02	SHORT LUER MALE		F295173265BE		81.67C		81.67
21		1	C 12/250	80243H1 0074- 7931-32	32	LIDOCN 0.4% 250ML		F295173265BE		94.14C		94.14
			C 1	81157FJ								
										SUBTOTAL		878.84
										TOTAL		878.84
20		1	CS/12	0074- 7809-22	22	DOPMN 400MG 250ML		SHIP FROM FARM BR TX				
				MAUREEN 308-762-3327								
				SHIPPED VIA: NEBRASKA TRANSPTCO		NEBT						
EMS		00										

Abbott Laboratories, of North Chicago, Illinois, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded under the provisions of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act, of 1910, as amended, or within the meaning of any state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those of the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles which are prohibited by the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, be introduced into interstate commerce. Abbott Laboratories certifies that the products covered by this invoice have been produced in compliance with the applicable provisions of the Federal Food, Drug and Cosmetic Act of 1938, as amended, and regulations issued thereunder.

**PLEASE REMIT
 PAYMENT TO:**
1C2C
**ABBOTT LABORATORIES
 P.O. BOX 92679**
CHICAGO, IL 60675-2679


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HHD015-1499

T

NC-O-4

Page No. 5
05/23/95

ID NC-O-04

DATE	INV TYPE	NDC	DESCRIPTION	IND	QTY	PRICE
07/19/94	M	00074978903	LIPOSYN II 20%	I	12.00	108.54
07/19/94	M	00074109005	AMINSYN 2 10 1000	I	6.00	56.10
07/19/94	M	00074799009	STERILE WATER LC	N	12.00	9.84
07/19/94	M	00074711807	STER WATER BULK	N	6.00	9.84
07/19/94	M	00074798309	0.9% SOD CHL LC	N	12.00	9.74
07/19/94	M	00074978603	LIPOSYN II 10%	I	12.00	59.09
07/19/94	M	00074196607	SOD CHL INJ 30ML	N	100.00	4.50
07/19/94	M	00074108803	AMINSYN 2 8.5 500	I	12.00	51.98
TT T						T
						INVOICE TOTAL 309.63 ✓
07/15/94	W	00186183935	MVI PEDICATRIC MULTIVITAMINS FOR INFUSIO	S	25.00	153.39
07/15/94	W	00469138003	PEDTRACE 4 3ML IN 6.5ML SDVIAL	N	300 25.00	33.15
07/15/94	W	39769005310	SELE-PAK 40MCG/ML	N	25.00	35.70
TT T						T
						INVOICE TOTAL 222.24 ✓
						PHARMACY TOTAL 531.87 ✓

T- Traced to invoice and each ID number,
date, invoice type, drug name and quantity
was correct unless changed!
5-24-95 CBY

✓- Verified math accuracy of invoices!
4- Totals and amounts agreed.
5-24-95 CBY
6-16-95 JPS



Health Care World Wide

COLORADO WHOLESALE LICENSE NO. W-35

FEDERAL I.D. NO. 36-069-8440

0071594

HEMOCARE DIVISION

ABBOTT LABORATORIES

STONE MOUNTAIN GA 30083

DUPLICATE

PAGE 1

END

THANK YOU FOR YOUR ORDER

INVOICE DATE	INVOICE NUMBER	T.C.	TERMS	PURCHASE ORDER NO.	ORD. LOC.	ORDER DATE	M.C.
07/19/94	I6100949	15	1% 15 DAYS, NET 90 FROM DOI	9380	ATL	07/15/94	1B

S O L D T O	CUSTOMER NO.	CLASS	DEA REG. NO.	PLEASE USE YOUR CUSTOMER NUMBER WHEN REORDERING	S H I P T O	CUSTOMER NO.	CLASS	DEA REG. NO.	TERRITORY
	11429198	P040				11429198	P040		AHK03
	HEALTHINFUSION INC			REFERENCE NO.		HEALTHINFUSION INC			
	SUITE 200			75229095-01A		SUITE 200			
	3363 VILLAGE DRIVE			ISSUE DATE		3363 VILLAGE DRIVE			
	FAYETTEVILLE NC 28304			07/18/94		FAYETTEVILLE NC 28304			
				SHIP LOC.					
			RNC						

ITEMS CODED # SUBJECT TO DRUG ABUSE CONTROL

[illegible]

I, Laboratories, of North Chicago, Illinois, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded within the meaning of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act, of 1910, as amended, or within the meaning of applicable state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those of the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles under the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, be introduced into interstate commerce. I, Laboratories certifies that the products covered by this invoice have been produced in compliance with the applicable provisions of the Fair Labor Standards Act of 1938, as amended, and regulations issued thereunder.

PLEASE REMIT
PAYMENT TO

28C8

ABBOTT LABORATORIES
P.O. BOX 100997

ATLANTA, GA 30384-0997



Health Care World Wide
 COLORADO WHOLESALE LICENSE NO. W-35
 FEDERAL I.D. NO. 36-069-8440

0071594

HOMECARE DIVISION

ABBOTT LABORATORIES

DUPLICATE

PAGE

1

SHIPPER DEA#: PA0020709

THANK YOU FOR YOUR ORDER

STONE MOUNTAIN GA 30083

END

INVOICE DATE	INVOICE NUMBER	T.C.	TERMS	PURCHASE ORDER NO.	ORD. LOC.	ORDER DATE	M.C.
07/18/94	37106734	15	1% 15 DAYS, NET 90 FROM DOI	9380	ATL	07/15/94	1B
CUSTOMER NO.	CLASS	DEA REG. NO.	PLEASE USE YOUR CUSTOMER NUMBER WHEN REORDERING	CUSTOMER NO.	CLASS	DEA REG. NO.	TERRITORY
11429198	P040		REFERENCE NO.	11429198	P040		AHK03
HEALTHINFUSION INC SUITE 200 3363 VILLAGE DRIVE FAYETTEVILLE NC 28304			75229095-02A	HEALTHINFUSION INC SUITE 200 3363 VILLAGE DRIVE FAYETTEVILLE NC 28304			
			ISSUE DATE				
			07/18/94				
			SHIP LOC.				
			ATL				

ITEMS CODED # SUBJECT TO DRUG ABUSE CONTROL

LINE	LOCATION	QUANTITY	SIZE DESC.	NDC/NHRC LIST SIZE	INV. SIZE	PRODUCT DESCRIPTION	SP. CD.	CONTRACT DEAL NO.	TAX	M	EXTENSION
3		2	12X500	00074- 1088-03	03	AMINSYN 2 8.5 500		0000125529			103.96
		C 2		87837DM							
SUBTOTAL											103.96
TOTAL											103.96
FOLLOWING ITEM(S) SCHEDULED TO BE SHIPPED											
1		2	12/500	0074- 9789-03	03	LIPOSYN II 20X		SHIP FROM	RALEIGH NC		
2		3	6X1000	0074- 1090-05	05	AMINSYN 2 10 1000		SHIP FROM	RALEIGH NC		
4		1	12/1M	0074- 7990-09	39	STERILE WATER LC		SHIP FROM	RALEIGH NC		
5		3	CS/6	0074- 7118-07	07	STER WATER BULK		SHIP FROM	RALEIGH NC		
6		3	12/1M	0074- 7983-09	39	0.9% SOD CHL LC		SHIP FROM	RALEIGH NC		
7		1	12/500	0074- 9786-03	03	LIPOSYN II 10X		SHIP FROM	RALEIGH NC		
8		4	PKG/25	0074- 1966-07	73	SOD CHL INJ 30ML		SHIP FROM	RALEIGH NC		
VALERIE 910-483-6525											
SHIPPED VIA: UNITED PARCEL SERVICE UPSN											
EQJ	LMB	00									
No packing slip available											

No packing slip available

PLEASE PERMIT
 PAYMENT TO:

28C8

ABBOTT LABORATORIES
 P.O. BOX 100997

ATLANTA, GA 30384-0997



PRINTED ON RECYCLED PAPER

HHD015-1139

MEDICAL SPECIALTIES CO., INC.
58 NORFOLK AVE
SOUTH EASTON MA 02375

**DO NOT
USE**

INVOICE

FOR ALL INQUIRIES CONCERNING THIS ORDER
PLEASE CALL (508) 238-8590
FAX (508) 238-8573

INVOICE NUMBER

HE9174

919-483-6502

3010369-02

BILL TO: HEALTHINFUSION
3363 VILLAGE DRIVE
SUITE #200
FAYETTEVILLE NC 28304

SHIP TO: HEALTHINFUSION
3363 VILLAGE DRIVE
SUITE #200
FAYETTEVILLE NC 28304

CUSTOMER P.O. NO. AMANDA9389

3010369-02

322

07/22/94

383

AMANDA9389

07/26/94

*** UFS ONLY ***

F

1

20

16

4

DRESS SOFNIC

BX

5.57

21.28

22

22

226 X 3/4"

BA

2.25

43.50

3

3

1"

BX

13.98

41.94

1

1

1000 PVP TRIPLE

CS

60.24

60.24

CODE EXPLANATION

* - STATE TAX APPLICABLE
- FED/OTHER TAX APPLICABLE
+ - STATE & FEDERAL TAX APPL.
B - BALANCE BACK ORDERED
C - CONSIDER COMPLETE
D - DIRECT SHIPMENT
F - FACTORY MINIMUM

*** THIS IS YOUR INVOICE ***

FREIGHT IN

FREIGHT OUT

0.00

0.00

NET TERMS: INV

30

DUE: 08/25/94

SUB TOTAL 173.96

MISC. CHARGE

HANDLING FEE

FREIGHT TOTAL 0.00

FED./OTHER TAX

STATE TAX

PAYMENT REC'D. 0.00

REMIT TO

MEDICAL SPECIALTIES CO., INC.
P.O. BOX 6121
BOSTON, MA 02212-6121

TOTAL AMT DUE

MEDICAL SPECIALTIES CO., INC
58 NORFOLK AVE
SOUTH EASTON MA 02375

INVOICE

FOR ALL INQUIRIES CONCERNING THIS ORDER
PLEASE CALL (508) 238-8590
FAX (508) 238-8573

INVOICE NUMBER

HE5174

3010369-01

919-483-6502

BILL TO: HEALTHINFUSION
3363 VILLAGE DRIVE
SUITE #200
FAYETTEVILLE NC 28304

SHIP TO: HEALTHINFUSION
3363 VILLAGE DRIVE
SUITE #200
FAYETTEVILLE NC 28304
AMANDA9389

CUSTOMER P.O. NO.

3010369-01	322	07/22/94	383	AMANDA9389	07/25/94
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** UPS ONLY **

RPS

P

1

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1

40Z

171.18

18

CODE EXPLANATION

* - STATE TAX APPLICABLE
- FED./OTHER TAX APPLICABLE
+ - STATE & FEDERAL TAX APPL
B - BALANCE BACK ORDERED
C - CONSIDER COMPLETE
D - DIRECT SHIPMENT
F - FACTORY MINIMUM

*** THIS IS YOUR INVOICE ***

QUANTITY	PRICE
0.00	0.00

NET TERMS: INV

30

DUE: 08/01/94

SUB TOTAL	171.18
MISC CHARGE	
HANDLING FEE	
FREIGHT TOTAL	0.00
FED./OTHER TAX	
STATE TAX	
PAYMENT REC'D.	0.00

REMIT TO

MEDICAL SPECIALTIES CO., INC.
P.O. BOX 6121
BOSTON, MA 02212-6121

TOTAL DUE

MEDICAL SPECIALTIES CO., INC
58 NORFOLK AVE
SOUTH EASTON MA 02375

INVOICE

FOR ALL INQUIRIES CONCERNING THIS ORDER
PLEASE CALL (508) 238-8590
FAX (508) 238-8573

INVOICE NUMBER

HE5174

3010369-04

919-483 6502

BILL TO: HEALTHINFUSION
3363 VILLAGE DRIVE
SUITE #200
FAYETTEVILLE NC 28304

SHIP TO: HEALTHINFUSION
3363 VILLAGE DRIVE
SUITE #200
FAYETTEVILLE NC 28304
CUSTOMER P.O. NO. AMANDA9389

3010369-04

322-07/22/94

383

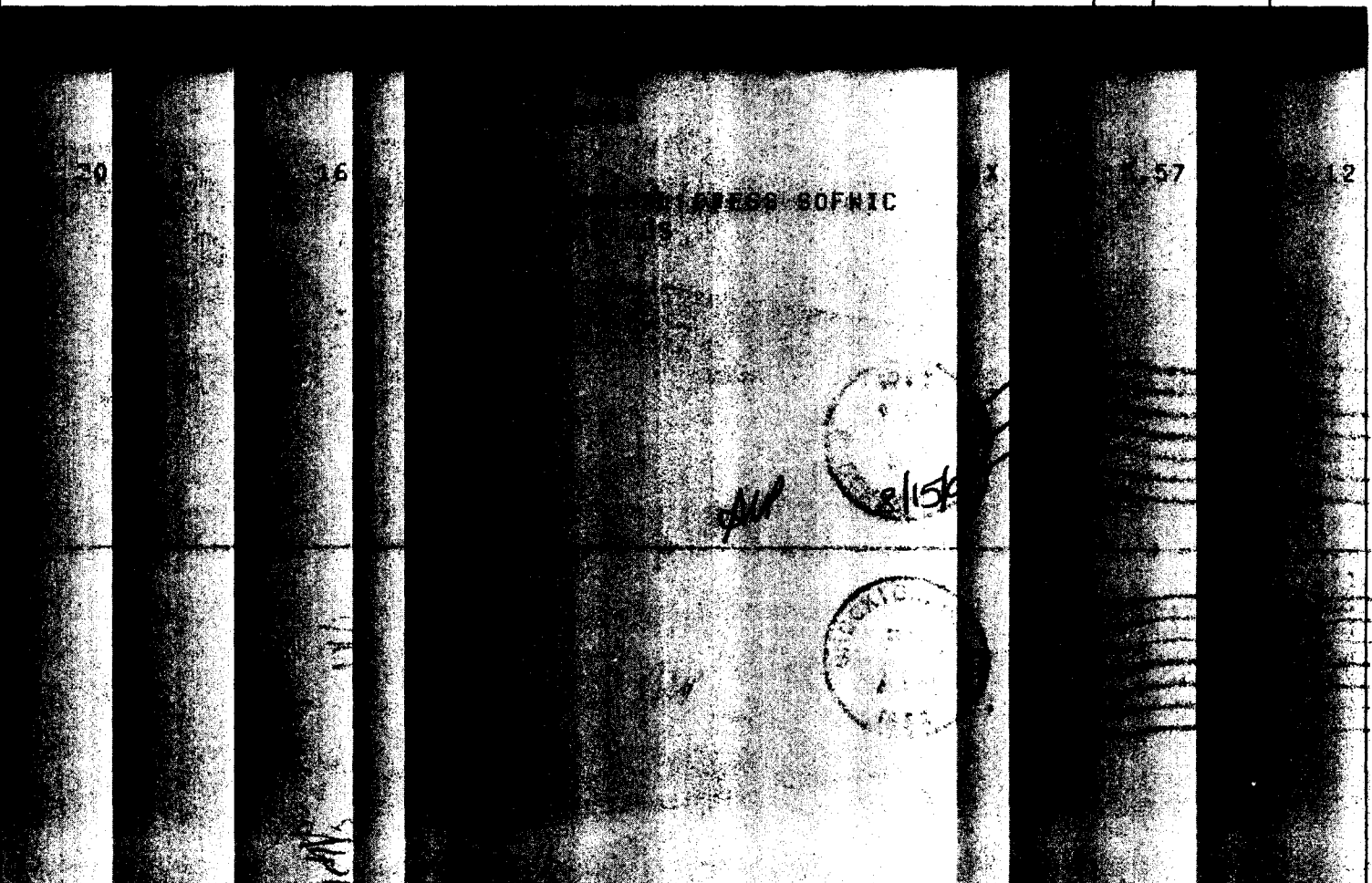
AMANDA9389

08/04/94

UFS

F

1



CODE EXPLANATION

- * - STATE TAX APPLICABLE
- # - FED/OTHER TAX APPLICABLE
- + - STATE & FEDERAL TAX APPL
- B - BALANCE BACK ORDERED
- C - CONSIDER COMPLETE
- D - DIRECT SHIPMENT
- F - FACTORY MINIMUM

*** THIS IS YOUR INVOICE ***

	WEIGHT OUT
0.00	0.00

NET TERMS: INV 30 DUE: 09/03/94

*** ORDER COMPLETED ***

SUB TOTAL

89.12

HANDLING FEE

FREIGHT TOTAL

0.00

FED/OTHER TAX

STATE TAX

PAYMENT REC'D.

0.00

REMIT TO

MEDICAL SPECIALTIES CO., INC.
P.O. BOX 6121
BOSTON, MA 02212-6121

REMITTANCE COPY

TOTAL

89.12



YOUR PARTNER IN PRODUCTIVITY

BBC RALEIGH DIVISION
8605 EBENEZER CHURCH ROAD
RALEIGH NC 27613
- DEA# RD0185187

PLEASE REMIT TO:

BERGEN BRUNSWIG CORP.

P O BOX 31187
RALEIGH NC 27622

S HEALTH INFUSION 51
H TRACY BROWN
I 3363 VILLAGE DRIVE SUITE 200
P FAYETTEVILLE NC 28304

B HEALTH INFUSION CORP
I TRACY BROWN
L 3363 VILLAGE DRIVE SUITE 200
L FAYETTEVILLE NC 28304

INVOICE

DAY DIV FRI 057 P

* * * * DUPLICATE * *

INVOICE NO. INV DATE
057-241136 07/15/94
ACCOUNT NO. CUST DEA #
057-073163 BH3412208

QTY	DESCRIPTION	CL	CD	ITEM NO	AWP	COST	INV RATE	UNIT PRICE	EXTENSION
	PURCHASE ORDER NO. - 9379								
	ORDER DATE 07/14/94 TIME 5.41.26 PM								
	* * * PICKING NUMBER - 215447 * * *								
1	VANCOMYCIN 1GM F/T FTV	10	RXQ	156-372	60.44	67.98	2.00	69.34	69.34

CL } RC - BEHIND THE COUNTER
C2 - CONTROLLED SUBSTANCE - CLASS 2
C3 - CONTROLLED SUBSTANCE - CLASS 3

C4 - CONTROLLED SUBSTANCE - CLASS 4
C5 - CONTROLLED SUBSTANCE - CLASS 5
GM - GENERAL MERCHANDISE

HB - HEALTH AND BEAUTY AIDS
MS - MEDICAL SUPPLIES
OT - OVER THE COUNTER MEDICATION

RX - PRESCRIPTION DRUGS

CD } B - BEST PRICE
E - FREE GOODS
F - TAX FREE TO CONSUMER

N - NET ITEM
P - PRICE CHANGE
Q - CONTRACT ITEM

R - PROGRAM PRICE
S - SPECIAL PRICE
T - RETAIL TAX

W - WHOLESALE TAX
Z - SUPERNET ITEM

C11

PURCHASES 1ST THRU 15TH DUE BY 25TH OF SAME MONTH;
16TH THRU EOM DUE BY 10TH OF FOLLOWING MONTH.

69.34
DUE 07/25/94

Page No. 62
06/12/95

ID NC-O-05

DATE	TYPE	INV NDC	DESCRIPTION	IND	QTY	PRICE
08/19/94	W	00069265041	Procardia XL (Nifedipine) Extended Relea	S	100.00	106.25
08/19/94	W	00003056902	PROLIXIN	I	1.00	15.46
08/19/94	W	0034022201	PROMETH 25MG	N	100.00	15.20
08/19/94	W	00641149535	PROMETHAZINE HYDROCHLORIDE INJECTION USP	N	25.00	9.20
08/19/94	W	00364075601	Propranolol Tabs	N	100.00	0.69
08/19/94	W	50458043001	PROPULSID U.D.	S	100.00	55.35
08/19/94	W	00006007228	PROSCAR 5MG TABLET 100UD	S	100.00	151.78
08/19/94	W	50458033006	RISPERDAL 3MG	S	60.00	198.67
08/19/94	W	00031789011	ROBINUL INJECTABLE VIALS NDA-17-558	I	25.00	5.54
08/19/94	W	00004196405	ROCEPHIN ADD-VANTAGE 1GM (CEFTRIAXONE SO	S	10.00	245.26
08/19/94	W	00004196401	ROCEPHIN 1 GM 10 X 10 ML VIAL (CEFTRIAXO	S	10.00	242.22
08/19/94	W	00081085695	SEPTRA (TRIMETHOPRIM	N	10.00	10.07
08/19/94	W	00173046700	SEREVENT INHALATION AEROSOL 60 DOSE	S	10.00	25.11
08/19/94	W	00074488825	SODIUM CHL 0.9% INJ USP 10ML FLIPTOP VIA	N	25.00	4.78
08/19/94	W	00074488825	SODIUM CHL 0.9% INJ USP 10ML FLIPTOP VIA	N	25.00	4.78
08/19/94	W	00009011313	SOLU-MEDROL S.P. 40 MG AOV	I	25.00	18.62
08/19/94	W	00781159913	SPIRONOLACTONE 25MG	N	100.00	3.94
08/19/94	W	00048210070	SSD (1% SILVER SULFADIAZINE) CREAM 400 G	I	400.00	10.57
08/19/94	W	00048113003	SYNTHROID (LEVOTHYROXINE SODIUM) TABLETS	N	100.00	20.08
08/19/94	W	00002729110	TAZIDIME	N	10.00	177.24
08/19/94	W	58887005232	TEGRETOL (CARBAMAZEPINE)	I	100.00	10.19
08/19/94	W	00641061025	THIAMINE HYDROCHLORIDE INJECTION USP	N	25.00	13.01
08/19/94	W	00053710001	THROMBINAR	B	1.00	2.52
08/19/94	W	00033043153	TICLID 250MG (TICLOPIDINE HCL)	S	100.00	114.48
08/19/94	W	00029657140	TIMENTIN (TICARCILLIN	S	10.00	102.86
08/19/94	W	00003272510	TOBRAMYCIN SULFATE INJECTION 40 MG/ML	N	25.00	70.20
08/19/94	W	00033244450	TORADOL IM (TUBEX) (KETOROLAC TROMETHAMI	S	10.00	67.51
08/19/94	W	00033243450	TORADOL IM (TUBEX) (KETOROLAC TROMETHAMI	S	10.00	64.38
08/19/94	W	57267090230	TRANSDERM NITRO (NITROGLYCERIN)	N	100.00	0.01
08/19/94	W	00083434504	TRANSDERM SCOP (SCOPOLAMINE)	S	100.00	37.68
08/19/94	W	23317030115	TRIAMCINOLONE ACETONIDE 0.1% CREAM	N	15.00	0.81
08/19/94	W	51079027261	TRIAMCINOLONE ACETON	N	15.00	0.87
08/19/94	W	00003173745	TRIMOX 125	N	150.00	1.26
08/19/94	W	00003010151	TRIMOX 250	N	100.00	8.08
08/19/94	W	00003173845	TRIMOX 250	N	150.00	1.68
08/19/94	W	00049003283	Unasyn (Ampicillin Sodium/sulbactam sodi	S	10.00	99.68
08/19/94	W	00049003183	Unasyn (Ampicillin Sodium/sulbactam sodi	S	10.00	54.28
08/19/94	W	00034700480	UNIPHYL 400MG TABLETS	N	100.00	52.46
08/19/94	W	00074653501	VANCOMYCIN HCH 1GMADVANTAGE VIAL STERIL	N	10.00	60.39
08/19/94	W	00074653501	VANCOMYCIN HCH 1GMADVANTAGE VIAL STERIL	N	10.00	60.39
08/19/94	W	00074653401	VANCOMYCIN HCL 500MG ADVANTAGE VIALSTER	N	10.00	30.20
08/19/94	W	00006071268	VASOTEC 5MG TABLET 100	S	100.00	63.41
08/19/94	W	00006071228	VASOTEC 5MG TABLET 100UD	S	100.00	66.05
08/19/94	W	00006071368	VASOTEC 10MG TABLET 100	S	100.00	66.59
08/19/94	W	00006071328	VASOTEC 10MG TABLET 100UD	S	100.00	69.22
08/19/94	W	00006001428	VASOTEC 2.5MG TABLET 100UD	S	100.00	52.55
08/19/94	W	00074488720	WATER INJ 20ML	N	25.00	6.17
08/19/94	W	00008012101	WYDASE LYOPHILIZED NDA-60-343	S	1.00	5.31
08/19/94	W	00186035601	10% XYLOCAINE ORAL SPRAY (LIDOCAINE)	S	30.00	27.99
08/19/94	W	00186061101	XYLOCAINE 2% SOLUTION	I	10.00	13.39
08/19/94	W	00173034442	ZANTAC TABLET 150MG 60'S BOTTLE	S	60.00	61.76
08/19/94	W	00173036238	ZANTAC INJECTION 25MG/ML 2ML 10'S	S	10.00	22.61
08/19/94	W	00005323423	ZIAC BISOPROLOL FUMARATE/HYDROCHLORTHIAZ	S	100.00	67.97
08/19/94	W	00173044200	ZOFRAN INJECTION MULTI DOSE 20ML VIAL	S	20.00	172.30



Bergen Brunswig Drug Company

YOUR PARTNER IN PRODUCTIVITY

8BDC - CHARLOTTE
11107-P SOUTH COMMERCE BLVD
CHARLOTTE NC 28273
704 587-6600 DEA# R00185478

INVOICE

DAY DIV RTE SITE
FRI 077 03 010

PLEASE REMIT TO:
BERGEN BRUNSWIG CORP.

P.O. BOX 411489 NC 28241-1189
CHARLOTTE

GASTON MEM HOSPITAL PHARMACY
P.O. BOX 1747
2525 COURT DRIVE
GASTONIA NC 28053-1747

*** ORIGINAL ***
INVOICE NO. 077-127146
ACCOUNT NO. 077-075408
INV DATE 08/19/94
CUST DEPT 0

QTY	DESCRIPTION	CL	CD	ITEM NO	UPC/NDC	AWP	UNIT PRICE	EXTENSION
6	TRIAMCINOLONE 0.1% CRM	15GM	RXT	939-660	20000000015	.81	99.68	4686
2	TRIAMCINOLONE 0.025% CRM	15GM	RXT	023-705	51070000001	1.09	54.28	1.74
1	TRIMOX 125MG SUS	150ML	RXT	064-386	00000000000	1.35	52.46	1.26
1	TRIMOX 250MG CAP UD	100	RXT	064-451	00000000000	10.22	60.39	8.08
2	TRIMOX 250MG SUS	150ML	RXT	064-402	00000000000	2.02	33.60	3.36
1	UNASYN ADDVAN 3.0GM ADV	10	RXT	333-104	00000000000	123.80	34.45	34.45
4	UNASYN VL 1.5GM ADV	10	RXT	347-070	00000000000	67.41	598.08	2172.12
1	UNIPHYL 400MG TAB	100	RXT	011-734	00000000000	62.54	52.46	52.46
1	VANCOMYCIN 1GM ADV	10	RXT	151-845	00000000000	144.38	60.39	60.39
1	VANCOMYCIN 1GM ADV	10	RXT	151-845	00000000000	144.38	301.95	301.95
8	VANCOMYCIN 500MG ADV	10	RXT	151-381	00000000000	72.25	241.60	241.60
1	VASOTEC 5MG TAB UD	100	RXT	092-619	00000000000	91.18	63.41	63.41
1	VASOTEC 5MG TAB UD	100	RXT	092-601	00000000000	94.98	66.05	66.05
1	VASOTEC 10MG TAB UD	100	RXT	092-627	00000000000	95.74	66.59	66.59
1	VASOTEC 10MG TAB UD	100	RXT	092-726	00000000000	99.53	69.22	69.22
1	VASOTEC 2.5MG TAB UD	100	RXT	092-304	00000000000	75.55	52.55	52.55
2	WATER ST FTV	25X20ML	RXT	162-149	00000000000	22.50	120.34	120.34
12	HYDASE LYOPH 150UN VL	1ML	RXT	140-061	00000000000	6.60	63.72	63.72
2	XYLOCAINE 10% ORAL AER	30ML	RXT	560-839	00000000000	42.69	55.98	55.98
10PK	XYLOCAINE 100MG PFS	10X5ML	RXT	560-169	00000000000	20.75	133.90	133.90
3	ZANTAC 150MG TAB	60	RXT	718-403	00000000000	95.66	185.68	185.68
10	ZANTAC 50MG/2ML VL	10X2ML	RXT	718-098	00000000000	39.92	226.10	226.10
1	ZIAC 5MG TAB	100	RXT	101-527	00000000000	84.41	67.97	67.97

BC - BEHIND THE COUNTER
CL - CONTROLLED SUBSTANCE - CLASS 2
C2 - CONTROLLED SUBSTANCE - CLASS 2
C3 - CONTROLLED SUBSTANCE - CLASS 3
C4 - CONTROLLED SUBSTANCE - CLASS 4
C5 - CONTROLLED SUBSTANCE - CLASS 5
GM - GENERAL MERCHANDISE
HB - HEALTH AND BEAUTY AIDS
MS - MEDICAL SUPPLIES
OT - OVER THE COUNTER MEDICATION
RX - PRESCRIPTION DRUGS
CD - BEST PRICE
B - FREE GOODS
E - TAX FREE TO CONSUMER
F - CONTRACT ITEM
N - NET ITEM
P - PRICE CHANGE
Q - CONTRACT ITEM
R - PROGRAM PRICE
S - SPECIAL PRICE
T - RETAIL TAX
W - WHOLESALE TAX
Z - SUPERNET ITEM

Page No. 72
06/12/95

ID NE-O-11

DATE	TYPE	INV NDC	DESCRIPTION	IND	QTY	PRICE
05/04/94	W	00277017401	RESPIRE-60 SR CAPSULES	N	100.00	26.18
05/04/94	W	00062057546	RETIN-A GEL .01% 45 GM TUBE	S	45.00	35.56
05/04/94	W	00031740994	ROBAXIN INJ VIAL NDA-11-790	I	25.00	31.69
05/04/94	W	00074578216	RONDEC SYRUP CARBINO	N	480.00	25.82
05/04/94	W	00044502202	RYTHMOL	S	100.00	67.24
05/04/94	W	00078018103	SANDOSTATIN AMPS .1MG	S	20.00	133.24
05/04/94	W	00078018425	SANDOSTATIN MULTI-DOSE VIAL 1000MCG/ML	S	5.00	352.96
05/04/94	W	00075030000	SLO-BID	N	100.00	6.27
05/04/94	W	00074196607	SOD CHL INJ 30ML	N	25.00	5.38
05/04/94	W	00603576621	SPIRONOLACTONE 25MG TAB	N	100.00	3.37
05/04/94	W	00005389840	SUPRAX ORAL SUSP 50ML	S	50.00	22.34
05/04/94	W	00008413201	SURMONTIL 25MG CAP NDA-16-792	I	100.00	45.19
05/04/94	W	00008415801	SURMONTIL 100MG CAP NDA-16-792	I	100.00	107.50
05/04/94	W	00173043200	TEMOVATE SCALP APPLICATION 25ML	S	25.00	16.48
05/04/94	W	00310010110	TENORMIN 100MG 100TB BTL	S	100.00	104.88
05/04/94	W	00008034101	TET DIP TOXOID	G	10.00	19.33
05/04/94	W	00065064705	TOBRADEX	S	5.00	15.53
05/04/94	W	00074459201	TRACE METALS 5ML	N	25.00	34.46
05/04/94	W	00168000680	TRIAM ACET 0.1% OINT 80G	N	80.00	1.99
05/04/94	W	00590009066	TRIDIL	B	20.00	26.16
05/04/94	W	00574722210	TRIMETHOBENZAMIDE SUPPOSITORIES	N	10.00	2.02
05/04/94	W	11793752201	TUBERSOL	B	1.00	9.36
05/04/94	W	11793752202	TUBERSOL	B	5.00	19.21
05/04/94	W	00074653301	VANCOMYCIN 1GM FT	N	10.00	135.81
05/04/94	W	00074433201	VANCOMYCIN 500MG	N	10.00	68.41
05/04/94	W	00006071228	VASOTEC 5MG TABLET 100UD	S	100.00	66.08
05/04/94	W	00006071368	VASOTEC 10MG TABLET 100	S	100.00	66.62
05/04/94	W	00006071328	VASOTEC 10MG TABLET 100UD	S	100.00	69.24
05/04/94	W	00015309520	VEPESID	S	5.00	84.40
05/04/94	W	00186023503	XYLOCAINE 4% SOLUTION	I	10.00	43.36
05/04/94	W	00186024213	XYLOCAINE HCL 2% SOLUTION	I	10.00	15.14
05/04/94	W	00186012501	XYLOCAINE HCL 2% W/EPINEPHRINE 1:100,000	I	20.00	1.96
05/04/94	W	00173036238	ZANTAC INJECTION 25MG/ML 2ML 10'S	S	10.00	20.93
05/04/94	W	00173044200	ZOFRAN INJECTION MULTI DOSE 20ML VIAL	S	20.00	172.22
TT T					T	
					INVOICE TOTAL	9070.99 ✓
					PHARMACY TOTAL	9070.99

T- Traced to invoice and look
ID number, date, invoice type,
drug name and quantity was
correct unless changed.
6-14-95 CBJ

✓- Verified math accuracy of
invoices' totals and amounts
agreed. 6-14-95 CBJ

Enclosure C

Confidential

Pharmacy Information Form

Pharmacy Name: Regional West Medical Center Hospital Pharmacy

Address: 4021 Avenue B

Scottsbluff

NE 69361

Phone Number: (308) 630-1264

Contact Person: Donald Graham R.Ph.

Type of Pharmacy (Check Appropriate Block(s))

- | | |
|--------------------------------------|--|
| Independent Retail Pharmacy | <input type="checkbox"/> |
| Chain (four or more stores) Pharmacy | <input type="checkbox"/> |
| Other: | |
| Nursing Home Pharmacy | <input type="checkbox"/> |
| Hospital Outpatient Pharmacy | <input checked="" type="checkbox"/> (Inclusive with Inpatient) |
| Home I.V. Pharmacy | <input type="checkbox"/> |
| Mail Order Pharmacy | <input type="checkbox"/> |
| County Public Health Unit Pharmacy | <input type="checkbox"/> |
| Public Health Entity | <input type="checkbox"/> |

***WE USE THE PRIME VENDOR CONCEPT AND AS A RESULT HAVE ONLY A SINGLE DISTRIBUTOR

WHITMIRE DIST CORP- DENVER
4770 (U) FOREST STREET 80216
DENVER, CO
(303)355-2731
DEA# RW0192017 05/31/94



REMIT TO: WHITMIRE DIST CORP- DENVER

Invoice

PAGE: 10
ALL CLAIMS FOR DAMAGE OR
SHORTAGES MUST BE REPORT-
ED WITHIN 28 HOURS. INVOICE
NUMBER REQUIRED.

DENVER, CO 80256-0442

BILLING ADDRESS: REGIONAL WEST MEDICAL CENTER
ATTN: PHARMACY DEPT. SAT BO
4021 AVENUE B A6001

SHIPPING ADDRESS: REGIONAL WEST MEDICAL CENTER
ATTN: PHARMACY DEPT SAT BO
-4021 AVENUE B A6001

INVOICE DATE: 05/04/94 572183 211133 05/31/96 9589 0095 5954 ***CHANGE***
SCOTTISBLUFF NE 69361 SPECIAL INSTRUCTIONS
CUSTOMER ACCT NO. CUSTOMER PO. NO. CUSTOMER DEA NO.

WE-TU DUE NXT WE
DUE DATE 05/17/94

QUANTITY	UNIT	DESCRIPTION	ITEM NUMBER	CLASS	SUGGESTED RETAIL	UNIT PRICE	EXTENSION	% DISCOUNT	CODE
3 EA		TRIAMCINOLONE ACETON OINT 0.1 % 80 GM	126039	L	5.10	1.99	5.97		B
1 EA		NDC# 000168000880							
1 EA		TRIDIL	116181	L	225.00	26.16	26.16		B
1 EA		NDC# 000590000066							
1 EA		TRIMETHOBENZAMIDE	859133	L	5.85	2.02	2.02		B
4 EA		NDC# 000574722210							
4 EA		TUBERSOL 10 TEST	445940	L	11.17	9.36	37.44		B
20 EA		NDC# 011793752201							
20 EA		TUBERSOL 50 TEST	445959	L	22.91	19.21	384.20		B
6 EA		NDC# 011793752202							
6 EA		VANCOMYCIN FLPTP	604712	L	516.06	135.81	814.86		B
6 EA		NDC# 000074653301							
6 EA		VANCOMYCIN FLPTP	604704	L	259.85	68.41	410.46		B
1 EA		NDC# 000074433201							
1 EA		VASOTEC	368431	L	91.87	66.08	66.08		B
4 EA		NDC# 000006071228							
4 EA		VASOTEC	368458	L	92.62	66.62	266.48		B
1 EA		NDC# 000006071368							
1 EA		VASOTEC	368466	L	96.27	69.24	69.24		B
10 EA		NDC# 000006071328							
10 EA		VEPESID NON RTN VHA+	868434	L	131.03	84.40	844.00		B
1 EA		NDC# 000015309530							
1 EA		XYLOCAINE	007366	L	56.60	43.36	43.36		B
1 EA		NDC# 000186023503							

INVOICE TOTAL
CONTINUED

B - BID
S - SPECIAL
NR - NON-REBATEABLE

ID	DATE	TYPE INV.	NDC	B/G	DESCRIPTION	QTY	PRICE	TOTAL
VA-O-3	06/30/94	W	00074488825	G	SOD CHL FTV 0.9% 10ML ABB 25	350	1.36	
VA-O-3	06/30/94	W	00015321430	B	DEPOT PARAPLATIN SDV 150MG 20ML	1	189.60	
VA-O-3	06/30/94	W	00071425940	B	BENADRYL SYR 50MG 1ML 10	10	14.21	
VA-O-3	06/30/94	W	00364246533	G	CEFAZOL VL 1GM 10ML SCHE 10	10	13.07	
VA-O-3	06/30/94	W	00641039525	G	GENTAMIC VL 80MG 2ML E/S 25	25	7.60	
VA-O-3	06/30/94	W	006411233143	C	GENTAMIC MDV 8CMG 20ML E/S 10	10	8.41	
VA-O-3	06/30/94	W	00074653301	G	VANCOMY FTV 1GM ABB 6533-01&	10	65.85	
VA-O-3	06/30/94	W	00364246693	G	CEFAZOL PBV 10GM 1CML SCHE 10	1000	105.86	
VA-O-3	06/30/94	W	00074196607	G	SOD CHL BAC FTV .9% 30ML AB 25	750	4.56	
VA-O-3	06/30/94	W	00364653056	G	DIPHENHYD VL 300MG SCHE 30ML	30	2.68	
VA-O-3	06/30/94	W	00268030101	B	EPIPEN 0.3MG AUTO-INJECTOR	0.3	24.92	
VA-O-3	06/30/94	W	00074115278	G	HEPAR L/S FTV 3MU 30ML ABB 25	750	9.92	
VA-O-3	06/30/94	W	00205464694	G	LEUCOVOR VL IMM 100MG	100	4.81	
VA-O-3	06/30/94	W	00205464577	G	LEUCOVOR VL 350MG IMM 1	1	20.01	
VA-O-3	06/30/94	W	00074488820	G	SOD CHL FTV 0.9% 20ML ABB 25	500	5.57	
VA-O-3	06/30/94	W	00173044200	B	ZOFTRAN MDV 40MG 20ML	20	181.30	
VA-O-3	06/30/94	W	00268030201	B	EPIPEN JR 0.15MG AUTO INJECTOR	0.15	24.92	
VA-O-3	06/30/94	W	55513034810	B	NEUPOGEN SDV 480MCG 1.6ML 10	10	1862.91	
VA-O-3	06/30/94	W	00186119935	B	M.V.I. 12 SDV UNIT-VIAL CT25	250	31.15	
VA-O-3	06/30/94	W	00186119935	B	M.V.I. 12 SDV UNIT-VIAL CT25	250	31.15	
VA-O-3	06/30/94	W	00186119935	B	M.V.I. 12 SDV UNIT-VIAL CT25	250	31.15	
VA-O-3	06/30/94	W	00186119935	B	M.V.I. 12 SDV UNIT-VIAL CT25	250	31.15	
VA-O-3	06/30/94	W	00548652400	G	CALC GLUC VL 10% 100ML IMS 12	1200	23.70	
VA-O-3	06/30/94	W	00074339702	B	CENOLATE AMP 1MMG 2ML ABB 10	200	50.65	
VA-O-3	06/30/94	W	00074405101	G	CLINDAMY VL 600MG 4ML ABB 25	100	43.46	
VA-O-3	06/30/94	W	00074419701	G	CLINDAMY VL 9000MG ABB 60ML	60	22.59	
VA-O-3	06/30/94	W	00033290348	B	CYTOVENE PWD VIAL 500MG 25	25	734.43	
VA-O-3	06/30/94	W	00268030101	B	EPIPEN 0.3MG AUTO-INJECTOR	0.3	24.92	
VA-O-3	06/30/94	W	00186190601	B	FOSCAVIR VL 24MG ASTR 500ML 12	6000	1404.87	
VA-O-3	06/30/94	W	00074115178	G	HEPAR L/S FTV 3CU 30ML ABB 25	750	6.87	
VA-O-3	06/30/94	W	00074115270	G	HEPAR L/S FTV 1CU 10ML ABB 25	250	9.92	
VA-O-3	06/30/94	W	00205464577	G	LEUCOVOR VL 350MG IMM 1	1	20.01	
VA-O-3	06/30/94	W	00517021025	G	MULTITRACE 2 CONC 10ML A/R 25	250	42.55	
VA-O-3	06/30/94	W	55513034710	B	NEUPOGEN SDV 300MCG 1ML 10	10	1170.02	
VA-O-3	06/30/94	W	55513034810	B	NEUPOGEN SDV 480MCG 1.6ML 10	16	1862.91	
VA-O-3	06/30/94	W	58178002050	B	NEUTREXIN VIAL 25MG 50	50	1722.10	
VA-O-3	06/30/94	W	00015321530	B	DEPOT PARAPLATIN SDV 450MG 1CML	100	568.82	
VA-O-3	06/30/94	W	00015321330	B	PARAPLATIN SDV 50MG 10ML	10	63.21	

HHD015-2519

F

ID	DATE	TYPE INV.	NDC	B/G	DESCRIPTION	QTY	PRICE	TOTAL
VA-O-3 T	06/30/94	W t	00003073531 t ∞	G	PENICIL-G POT VL 20MU SQ 10 t	10 t	34.41 t	
VA-O-3	06/30/94	W	00074665305	G	POT CHL FTV 40MEQ 20ML ABB 25	500 ✓	5.07	
VA-O-3	06/30/94	W	00074729501	G	POT PHOS FTV 45MMP 15ML ABB 25	375 ✓	8.47	
VA-O-3	06/30/94	W	59676031001	B	DEPOT PROCRIT VL 10000U IML 6	6 t	519.67	
VA-O-3	06/30/94	W	59676030301	B	DEPOT PROCRIT VL 3000U IML 6	6 ↓	164.11	
VA-O-3	06/30/94	W	00074329905	G	SOD ACE FTV 1CMEQ 50ML ABB 25	1250 ✓	21.53	
VA-O-3	06/30/94	W	00074329906	G	SOD ACE FTV 2CMEQ 1CML ABB 25	2500 ✓	43.05	
VA-O-3	06/30/94	W	00074196607	G	SOD CHL BAC FTV .9% 30ML AB 25	750 ✓	4.56	
VA-O-3	06/30/94	W	00074488825	G	SOD CHL FTV 0.9% 10ML ABB 25	250 ✓	4.36	
VA-O-3	06/30/94	W	00074114101	G	SOD CHL FTV 23.4% 50ML ABB 25	1250 ✓	12.66	
VA-O-3	06/30/94	W	00074113002	G	SOD CHL SOL 23.4% 250ML ABB 12	3000 ✓	30.39	
VA-O-3	06/30/94	W	00074653301	G	VANCOMY FTV 1GM ABB 6533-01& * 10's	10 t	65.85	
VA-O-3	06/30/94	W	00074650901	G	VANCOMYCIN VIAL 5GM BULK ABB 1	1 ↓	32.29	
VA-O-3	06/30/94	W	00517611025	G	ZINC SUL SDV 10MG 10ML A/R 25	250 ✓	7.98	
VA-O-3	06/30/94	W	00173044200	B	ZOFRAN MDV 40MG 20ML	20 t	181.30	11581.89 ✓

Ⓢ = see p. 1

T = Traced to envelope

t = traced to invoice

∞ = verified to mekemon data file by DESCRIPTION

* = additional data added from invoice

X = erroneous entry; correction as shown

✓ = verified calculation

UNC 4/25/95

NOTE: all changes / corrections made to file 0315. WQL. UNC 4/25/95

089755



4501 CAROLINA AVE-F
RICHMOND, VA 23222
PHONE (804) 228-2800

SHIP TO

JUL 26 1994

DEA NO. RF0105091

SOLD TO

MARK STONE 006C
701 CONCORD AVE
HARTILLY VA 22021

125-001

CARET
JUL 27 1994

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CLOSED FOR JULY 4TH-NO MON DELIVERIES-REG DELIVERIES ON TUES

AME037 BC1452692 06/30/94

003223 6C-07213

LINE NO	DEPT	ITEM NO	NDC/UPC NO	QTY	U/L	DESCRIPTION	CODE	DEA	LIST/RETAIL	UNIT COST	OF	EXTENDED
1	103	8/1 013000	00074400029	00T	SODIUM CHL INJ	.7% VOP 25X10ML PO			4.47	4.36	64.4	34.4
2	103	23/1 723408	00015321439	10EA	PARAPLATIN INJ	150MG ODV 18 P			225.51	109.60	15.9	1896.4
3	103	43/1 085045	00071425940	15CT	BENADRYL DISP	50MG 50MG 10X10ML P			1.69	14.21	15.9	213.1
3	103	25/1 106294	0004240533	4CT	CEFAZOLIN INJ	1GM SCH 10X10ML PO			3.90	13.07	77.9	52.2
3	103	24/1 024281	00041039325	2CT	GENTAMICIN INJ	40MG/ML ES 25X20ML PO			1.04	7.60	70.8	15.2
3	103	21/1 315010	00041233143	3CT	GENTAMICIN INJ	40MG VL ES 10X20ML PO			10.41	8.41	91.9	25.2
3	103	28/1 377020	00074603301	1CT	VANCOMYCIN 1GM	FLIP TP VIAL 250 PO			17.73	65.03	62.9	65.01
4	103	26/1 1408577	00364246693	4CT	CEFAZOLIN INJ	1000 SCH 10X100ML PO			50.00	105.06	81.8	423.4
4	103	1/1 031930	00074190607	1CT	SODIUM CHL INJ	.9% BACT 25X10ML PO			.55	4.56	66.8	4.51
5	103	44/1 154393	00364653056	30EA	DIPHENHYDRAMINE INJ	10MG SCH 30ML PO			4.75	2.68	43.6	80.41
5	103	32/1 525725	00050030101	6EA	EPIPEN AUTO INJECTOR	.3MG P			29.54	24.92	15.6	149.51
5	103	7/1 210210	00074119270	10T	HEPARIN LOK FLON	100U ADD 25X10ML PO			.93	9.92	57.3	9.92
5	103	41/1 539312	00205464694	30EA	LEUCOVORIN CALC INJ	100MG VL LED PO			39.41	4.81	87.8	144.30
5	103	42/1 533257	00205464677	30EA	LEUCOVORIN CALC INJ	100MG VL LED 10 PO			127.94	20.41	85.5	1000.50
5	103	9/1 447235	00074400020	1CT	SODIUM CHL .7% VL	ADD 25X20ML PO			.60	5.57	67.2	5.57
5	103	45/1 516305	00173044200	20EA	ZOPRAN INJ	CLX 50ML PO			214.05	181.30	15.4	2086.00
6	103	51/1 580403	00260030201	15EA	EPIPEN AUTO INJECTR JR	.15MG P			29.54	24.92	15.6	373.00
7	103	57/1 343707	00012034010	2CT	NEUPROGEN 300MG/ML VL	1000 CHL P			206.00	1062.01	17.4	3702.02
8	103	46/1 705046	00106119935	10CT	N V 2 10 UNIT VIAL ODV	ACT 250 PO			2.60	31.12	53.2	511.50
9	103	46/1 705046	00106119935	10CT	N V 2 10 UNIT VIAL ODV	ACT 250 PO			2.60	31.12	53.2	511.50
10	103	46/1 705046	00106119935	10CT	N V 2 10 UNIT VIAL ODV	ACT 250 PO			2.60	31.12	53.2	511.50

* = Not listed in 1994 Red Book

HHD015-2521

007755

DEA NO. RF0183896

4501 CAROLINA AVE-F
RICHMOND, VA. 23222
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CAREMARK BRANCH 006C
3701 CONCORD PKY ST0800
CHANTILLY VA 22021

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CLOSED FOR JULY 4TH-NO MON DELIVERIES-REG DELIVERIES ON TUES

ANE037 DC1452692 06/30/94

003223 6C-07213

BOX NO	DEPT	ITEM NO	WDC/UPC NO	QTY U/S	DESCRIPTION	CODE	DEA	LIST/RETAIL	UNIT COST	G.P.A.	EXTENDED A
11	103	705046	00186119938	10CT	N V I 12 UNIT VIAL SDV	AST 250 P	R	3.44	31.15	53.8	311.84
00	103	091504	00540652400	20CT	CALCIUM GLUC VL 10X INS 12X100ML P	100X2ML P	R	6.86	23.70	71.2	474.84
00	103	603100	00074339702	1CS	CENOLATE AMP 1GM	100X2ML P	R	62.50	50.65	19.0	50.65
00	103	401552	00074405101	2CT	CLINDAMYCIN 600MG SDV ADD 25X4ML P			4.40	43.46	61.2	106.92
00	103	332346	00074419701	1SEA	CLINDAMYCIN 9GM VL	ADD 60ML P		59.57	22.59	62.1	338.05
00	103	300650	00033290340	40CT	CYTOVENE INJ 500MG STER FWD 250 P			34.81	734.43	15.629377.20	
00	103	536705	00060030101	2SEA	EPIPEN AUTO INJECTOR	3MG P		29.54	24.92	15.6	235.92
00	103	315119	00186190601	4CS	POSCAVIR IV 24MG/ML AST 12X500ML P			1731.10	1404.87	19.0	5619.48
00	103	526800	00074115170	10CT	HEPARIN LCK FLOW SOL 10U 25X30ML P			.80	8.87	55.7	88.70
00	103	202212	00074115270	14CT	HEPARIN LCK FLOW 100U ADD 25X30ML P			.92	9.92	57.3	138.88
00	103	533857	00065464577	10SEA	LEUCOVORIN 50MG INJ 250MG LEB 10 P			137.94	29.01	87.5	2001.54
00	103	555540	00017021023	12CT	MULTITRACE S CONC MDV AR 25X10ML P			6.00	42.55	71.6	519.60
00	103	341529	55513034710	40CT	NEUPOGEN 300MG/ML VL	10X1ML P	R	141.00	1170.02	17.040000.00	
00	103	343707	55513034010	6CT	NEUPOGEN 300MG/ML VL	10X1.6ML P	R	206.00	1060.01	17.614003.20	
00	103	491225	50170002050	1CS	NEUTREXIN INJ 25MG	EX250 P		2125.00	1722.10	19.0	1722.10
00	103	725416	00015321530	10EA	PARAPLATIN INJ 450MG SDV	10 P		676.54	268.02	15.9	5408.20
00	103	725390	00015321330	20EA	PARAPLATIN INJ 50MG SDV	10 P		75.19	62.21	15.9	1294.20
00	103	071707	00003073531	5CT	PENICIL G POT INJ 200000IU 50100 P			7.58	34.41	54.6	172.05
00	103	150550	00074665305	20CT	POTASS CHL INJ 40MEQ VL 25X20ML P			.83	5.07	75.6	101.40
00	103	339754	00074729201	20CT	POTASS PHOS 45MM FLIPTOP 25X15ML P			1.39	8.47	75.6	109.40
00	103	1407001	57670071001	10CT	PROCTIT 100000/ML VL	4X1ML P	R	114.05	519.67	24.1	514.72

HHD015-2522

009755

DEA NO. RF01851

4501 CAROLINA AVE-F
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CHANTILLY VA 22021

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CLOSED FOR JULY 4TH-NO MON DELIVERIES-REG DELIVERIES ON TUES

AN037 BC1452692 06/30/94

003223 0C-07213

DEPT.	ITEM NO	DOC/UPC NO	QTY	U/S	DESCRIPTION	CODE	DEA	UNIT/RETAIL	UNIT COST	G.P.	EXTEND
00	103 34/1405896	59878039301	8CT		PROCRIT 3000U/ML VL	6X1ML	PO	R	38.02	164.11	24.1 1312
00	103 4/1 009274	00074329905	5CT		SODIUM ACETATE 2MEQ/ML	25X50ML	PO		4.11	21.53	79.1 107
00	103 5/1 009522	00074329906	10CT		SODIUM ACETATE 2MEQ/ML	25X100ML	PO		3.83	43.05	55.0 430
00	103 6/1 021930	00074106607	112CT		SODIUM CHL INJ .07 DACT	25X30ML	PO		.55	4.56	64.8 510
00	103 7/1 013880	00074400025	32CT		SODIUM CHL INJ .07 USP	25X10ML	PO		.49	4.36	64.4 139
00	103 8/1 070645	00074114101	10CT		SODIUM CHL 23.4 XPLTP	ADD25X50ML	PO		2.83	12.66	82.1 126
00	103 7/1 1319517	00074113002	2CS		SODIUM CHL 23.4X	ADD12X250ML	PO		93.60	30.39	67.5 60
00	103 33/1 277020	00074653301	10CT		VANCOMYCIN 100 FLIPTP	VIAL 100	PO		17.73	65.05	62.9 650
00	103 39/1 013342	00074650901	100EA		VANCOMYCIN 500 BLK VL	ADD 10	PO		53.02	32.29	40.0 3229
00	103 15/1 1454900	00517611025	4CT		ZINC SUL INJ	AR 25X10ML	PO		2.65	7.90	88.0 31.1
00	103 14/1 510305	00173044200	40EA		ZOPRAN INJ	BLK 20ML	PO		214.05	101.30	15.0 7258.4
			400001		VIRGINIA ST TAX	.00 RX	*				.0
			400143		HENRICO CO TAX	.00 RX	*				.0

HHD015-2523

EXHIBIT BY

W/P Reference CF-18
C. Miller 04/02/01
Prepared by Date
J. Quinn 4.5.4
Reviewed by Date

Medicaid Pharmacy Actual Acquisition Cost
CIN: A-06-00-00023
Documentation of Prior Audit Kick-off Conference

Purpose: To document the prior audit kick-off conference, in which discussions were held concerning non-traditional pharmacies

Source: HHS generated/prior audit workpapers

Exhibit: Abbott 581
Wit: Sullivan
Date: 3/12/08
Rptr: FJ

1/3

CIN: A-00 94-00020

CF-10
CF-18

A-06-00-00023

RECORD OF DISCUSSION

DATE: August 30-31, 1994 R

PLACE: Radisson Hotel, Richmond, Virginia R

PARTICIPANTS:

OIG

George Reeb, AIGA, HCFAD
Ben Jackson, Audit Manager
Gordon Sato, Audit Manager
Bill Shrigley, Senior Auditor
Paul Chesser, Auditor

HCFA R

Dave McNally
Mike Keogh

Medicaid Pharmacy Reps. R

Susan McCann, Missouri
Susan McCleod, Florida
Donna Bovell, D.C.
David Shepherd, Virginia
Elizabeth Miller, Virginia
Joe Fine, Maryland
Allen Fung, California
Ed Vaccaro, New Jersey
Cindy Denemark, Delaware
Benny Ridout, North Carolina
Terry Krantz, Montana

PURPOSE:

To discuss and plan our nationwide review of the difference between the invoice price for drugs and AWP, for Medicaid pharmacy providers. R

COMMENTS:

We informed the States that they were 1 of 12 randomly selected States to be used to develop a nationwide estimated of the difference between invoice price of drugs and AWP. We stated that HCFA had requested us to perform this review as the moratorium on pharmacy reimbursement would expire on December, 31, 1994. We further explained that we would be requesting the largest invoice for a designated month from 48 pharmacies in each State, with 12 pharmacies being selected from 4 categories of pharmacies -- Rural-Chain, Rural-Independent, Urban-Chain, and Urban-Independent. We indicated that each State would receive a report showing the results for their State and that the combined results would be reported to HCFA.

The State officials expressed concern that our review was limited to one aspect of pharmacy reimbursement. They said that any effort to lower the reimbursement for acquisition cost should also include some review of dispensing fees. They stated that we should include a fifth category of pharmacies to include non- R1

2/3

A-06-00-00025

CF-10
CF-18

traditional retail pharmacies such as hospitals, home IV, nursing homes, physicians etc... The State officials believed that these pharmacies purchased at substantially bigger discounts than traditional retail pharmacies* They also stated that we should request the largest invoice from each different type of supplier rather than just the largest invoice.

We agreed to add the fifth category of pharmacies. We also agreed to request the largest invoice from each different type of supplier. We decided that the types of suppliers would be identified as; 1) wholesaler, 2) chain warehouse, 3) manufacturer, and 4) generic distributors. Additionally, we determined together, that for the purposes of this review, chain pharmacies would include all pharmacies with four or more stores. We also composed the letter to be sent to each pharmacy requesting the invoices.

The State officials agreed to provide us with a listing of the pharmacy providers in their State. The listing would identify the pharmacies as chain, independent or other (non-traditional). We would determine whether the pharmacy was rural or urban by comparing the county location of the pharmacy to an MSA listing.

We agreed to meet upon the completion of the review to discuss the reporting of our results.

* The State officials believed that including the non-traditional pharmacies would overstate the estimate of the difference.

We agreed to exclude the non-traditional pharmacies from the overall estimates. Most State ~~want~~ were interested in seeing what the non-traditional paid for drugs so we decided to calculate an estimate for them.

P. [unclear]
12-4-95

EXHIBIT BZ

Jackson, Milton B

December 12, 2008

Washington, DC

Page 1

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

- - - - -
IN RE: PHARMACEUTICAL) MDL NO. 1456
INDUSTRY AVERAGE WHOLESALE) CIVIL ACTION
PRICE LITIGATION) 01-CV-12257-PBS
- - - - -

THIS DOCUMENT RELATES TO:)
U.S. ex rel. Ven-A-Care of) Judge Patti B. Saris
the Florida Keys, Inc. v.)
Boehringer Ingelheim Corp.,) Chief Magistrate
et al., Civil Action No.) Judge Marianne B.
07-10248-PBS) Bowler
- - - - -

(Cross captions appear on following pages)

Videotaped deposition of MILTON B. "BEN" JACKSON

Washington, D.C.
Friday, December 12, 2008
9:00 a.m.

Henderson Legal Services, Inc.

202-220-4158

www.hendersonlegalservices.com

3b292ebc-0451-432b-a513-4690e63a2144

Jackson, Milton B

December 12, 2008

Washington, DC

Page 394	Page 396
<p>1 is going after at all. I have not seen it.</p> <p>2 Q. You were not consulted --</p> <p>3 A. No.</p> <p>4 Q. -- at all?</p> <p>5 A. Absolutely not.</p> <p>6 Q. Even though you were one of the leading</p> <p>7 people at OIG during the 1990s in this area no</p> <p>8 one even asked you whether you thought this</p> <p>9 lawsuit had any merit, right?</p> <p>10 MR. AZORSKY: Objection, form.</p> <p>11 A. No. But they wouldn't.</p> <p>12 Q. Why wouldn't they want to hear what</p> <p>13 people who were there thought before they filed a</p> <p>14 lawsuit?</p> <p>15 A. That's a good question. I mean, I</p> <p>16 think our reports kind of speak for themselves.</p> <p>17 I mean, the thoughts are in the reports, the</p> <p>18 writing of the reports. So, I mean, it's there.</p> <p>19 It is what it is.</p> <p>20 Q. What do you mean by that?</p> <p>21 A. Well, it's documented in these reports.</p> <p>22 I mean, we've got, what, eleven state reports in</p>	<p>1 A. I'm not going to answer that question.</p> <p>2 Q. Now, there are procedures at OIG that</p> <p>3 someone like yourself have to follow if they</p> <p>4 become aware of fraud on the Medicaid program or</p> <p>5 the Medicare program, correct?</p> <p>6 A. Correct.</p> <p>7 Q. What are those procedures?</p> <p>8 A. From an audit perspective or from --</p> <p>9 Q. If you become aware of a fraud on the</p> <p>10 Medicare and Medicaid program in your work what</p> <p>11 are you to do?</p> <p>12 A. If I come across what I believe to be a</p> <p>13 fraudulent situation we are instructed to stop</p> <p>14 the audit and report our findings to an OI</p> <p>15 investigator.</p> <p>16 Q. Now, starting in 1994 the OIG team was</p> <p>17 looking at thousands of invoices for drugs,</p> <p>18 correct?</p> <p>19 A. Mm-hmm. That's correct.</p> <p>20 Q. And they were comparing invoice price</p> <p>21 to AWP, right?</p> <p>22 A. That's correct.</p>
Page 395	Page 397
<p>1 one batch and we've got eight in the next. We've</p> <p>2 got four roll-up reports and we've got follow-up</p> <p>3 reports to those. So, I mean, it's pretty well</p> <p>4 documented what the findings were, right? So --</p> <p>5 Q. And the findings are that states are</p> <p>6 paying more than acquisition cost, particularly</p> <p>7 for generic drugs, right?</p> <p>8 MR. AZORSKY: Objection to form.</p> <p>9 MR. DRAYCOTT: Objection.</p> <p>10 A. Yes.</p> <p>11 Q. And yet now the government is trying to</p> <p>12 recover from pharmaceutical manufacturers for</p> <p>13 that same amount, right?</p> <p>14 MR. AZORSKY: Objection to form.</p> <p>15 A. I don't know what they're trying to</p> <p>16 recover, sir. Like I said, I've not privy to any</p> <p>17 of that information.</p> <p>18 Q. If you accept my representation to you</p> <p>19 that that's what they're doing, does that seem a</p> <p>20 little odd to you?</p> <p>21 MR. DRAYCOTT: Objection.</p> <p>22 MR. AZORSKY: Objection to form.</p>	<p>1 Q. And on average OIG found that in the</p> <p>2 first round nationally the difference was about</p> <p>3 42 and a half percent for generic drugs, correct?</p> <p>4 A. Right.</p> <p>5 Q. And there would be instances where the</p> <p>6 difference was larger, right?</p> <p>7 A. (Nods head).</p> <p>8 Q. You were aware of that?</p> <p>9 A. Yes.</p> <p>10 Q. There would be instances where the</p> <p>11 difference was smaller, AWP minus 20, say, for</p> <p>12 some generic drugs, right?</p> <p>13 A. Correct.</p> <p>14 Q. And you became aware of instances where</p> <p>15 there were drugs where the AWP was several times</p> <p>16 higher than the invoice price, right?</p> <p>17 A. Correct.</p> <p>18 Q. And did you ever report any fraud as</p> <p>19 required under your guidelines?</p> <p>20 A. No.</p> <p>21 MR. AZORSKY: Objection to form.</p> <p>22 MR. TORBORG: I have no further</p>

100 (Pages 394 to 397)

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